

PATENT NUMBER

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## U.S. UTILITY Patent Application

|                          |                      |             |
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| mH<br>SCANNED <i>HKM</i> | O.I.P.E.             | PATENT DATE |
|                          | ③<br>Q.A. <i>CTH</i> |             |

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|------------------------------|-----------------|--------------|-----------------|------------------|----------------|
| APPLICATION NO.<br>09/768956 | CONT/PRIOR<br>D | CLASS<br>709 | SUBCLASS<br>230 | ART UNIT<br>2154 | EXAMINER<br>A1 |
|------------------------------|-----------------|--------------|-----------------|------------------|----------------|

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TITLE  
 RSVP handling in SS networks

PTO-2040  
12/99

## ISSUING CLASSIFICATION

| ORIGINAL                     |          | CROSS REFERENCE(S) |                                   |  |  |  |  |  |
|------------------------------|----------|--------------------|-----------------------------------|--|--|--|--|--|
| CLASS                        | SUBCLASS | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |
|                              |          |                    |                                   |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |          |                    |                                   |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL DISCLAIMER</b><br><br><input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.<br><br><input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____<br><br><input type="checkbox"/> The terminal _____ months of this patent have been disclaimed. | <b>DRAWINGS</b><br>Sheets Drwg.    Figs. Drwg.    Print Fig. |  |  | <b>CLAIMS ALLOWED</b><br>Total Claims    Print Claim for O.G. |  |
|  | _____ (Assistant Examiner)    _____ (Date)                   |  |  | <b>NOTICE OF ALLOWANCE MAILED</b><br><br>_____                |  |
|  | _____ (Primary Examiner)    _____ (Date)                     |  |  | <b>ISSUE FEE</b><br>Amount Due    Date Paid                   |  |
|  | _____ (Legal Instruments Examiner)    _____ (Date)           |  |  | <b>ISSUE BATCH NUMBER</b><br><br>_____                        |  |

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